

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-025980

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 226

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

BENTON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN COLELength of stay in 1b
14 MONTHS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY BENTON

c. CITY OR TOWN COLE CAMP

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4 mi. S.E. COLE CAMPInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
4 mi. S.E. COLE CAMPReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
RUBY RACHEL Hill4. DATE OF DEATH Month Day Year
JULY 10 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
11-26-19119. AGE (last birthday)
50IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY
HOUSEKEEPING11. BIRTHPLACE (City and state or country)
SHAMROCK, OKLA.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

EDSON ARCHER

13b. MOTHER'S MAIDEN NAME

LAURA SMITH

14. NAME OF HUSBAND OR WIFE

FRANK O. Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

FRANK O. Hill COLE CAMP, MO. RT. 3

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH
immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary thrombosis

immediate

DUE TO (c)

coronary arteriosclerosis

sp.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-1-62 to 7-10-62 and last saw her alive on 7-7-62
Death occurred at 7:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John J. Harts

(Degree or title)

22b. ADDRESS

Cole Camp, Mo.

22c. DATE SIGNED

7-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE

7-13-1962

23c. NAME OF CEMETERY OR CREMATORY

COLE CAMP MEMORIAL COLE CAMP, MO.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

CHARLES F. Fox COLE CAMP, MO

25. DATE RECD. BY LOCAL REG.

7-12-62

26. REGISTRAR'S SIGNATURE

E.L. Eichhoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0080

2 0080

3

4 1

5 1

6

7 1

8 0

9 4201

10

11

12 90-2

13 2-0

JAN 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Rale Camp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.